

A Publication of
MONMOUTH MEDICAL CENTER

FALL 2020

healthy *together*

**INVESTING
IN THE HEALTH
OF THE
COMMUNITY**

**A LIFE-CHANGING
HIP REPLACEMENT**

**KEEPING
YOUR HAIR
DURING
CHEMOTHERAPY**

**PROTECT
YOUR HEART
FROM STRESS**

HEALTH NEWS

Rising to the Challenge

During the COVID-19 pandemic, changes in healthcare have been unprecedented. Fighting a new and unpredictable virus and making it safe for patients to receive all types of care under these extraordinary conditions have become our top priorities.

We're proud of how RWJBarnabas Health has risen to these challenges, as stories in this issue show. From new mothers who need help with breastfeeding to seniors looking for advice on how and whether to have social interactions, we're here for you with support and guidance.

We offer telehealth services for children and adults through RWJBarnabas Health TeleMed,® which makes virtual visits available for many issues in both primary and specialty care. If an in-person doctor visit is required, know that all physicians in our RWJBarnabas Health Medical Group have implemented additional safety standards for their offices, including social distancing, mask wearing, intensified disinfection protocols, and COVID-19 screening of patients and staff.

Of course, in the event you or a loved one need to go to the hospital, you can rest assured that each facility in the RWJBarnabas Health system has taken every precaution for the safety of patients, visitors and team members.

As a high reliability organization, Monmouth Medical Center has implemented numerous safeguards and taken extra precautions to provide a safe environment for our patients and visitors. Safety is an all-encompassing effort. We've taken everything the medical profession has learned about COVID-19 and implemented best practices throughout the hospital, with everything we do a building block aimed at keeping our hospital safe. And as we implement all of these safeguards, we remind you that what has not changed is the concern we have always shown for our patients' wellness, as we remain focused on ensuring that the physical environment is always prepared for your visit.

At RWJBarnabas Health, caring for the community is our mission and our passion. Please take good care of yourselves by wearing a mask when needed, washing your hands frequently and practicing social distancing.

Yours in good health,

[Signature of Barry H. Ostrowsky]

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

[Signature of Eric Carney]

ERIC CARNEY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER AND MONMOUTH
MEDICAL CENTER SOUTHERN CAMPUS



RECOGNITION FOR QUALITY
CARDIAC CARE

Monmouth Medical Center (MMC) has received the American Heart Association's Get With The Guidelines®-Heart Failure Gold Plus Quality Achievement Award. The award recognizes the hospital's commitment to ensuring that heart failure patients receive the most appropriate treatment based on national guidelines and the latest scientific evidence. The goals are to speed patients' recovery and reduce hospital readmissions. MMC earned the recognition by meeting specific quality achievement measures for the diagnosis and treatment of heart failure patients. These measures include evaluation of the proper use of medications and aggressive risk-reduction therapies.

OUTSTANDING COPD SPECIALISTS

MMC has once again claimed a top 10 spot among all New Jersey hospitals in the U.S. News & World Report rankings for 2020-21. The hospital's chronic obstructive pulmonary disease (COPD) specialists were recognized as "high performers." The rating is based on a hospital's nursing staff, the number of patients with specific conditions, the need for readmission after a hospital stay and patient survival. MMC was recognized as top ranking in this area compared to more than 4,600 healthcare facilities across the nation.

A LEADER IN PATIENT EXPERIENCE

MMC has received the 2020 Guardian of Excellence Award from Press Ganey, the healthcare company known for developing and distributing patient satisfaction surveys. This annual award honors healthcare providers who have reached the 95th percentile for patient experience, employee or physician engagement, or clinical quality performance. MMC was recognized for the indicator "Staff Work Together to Care for You."



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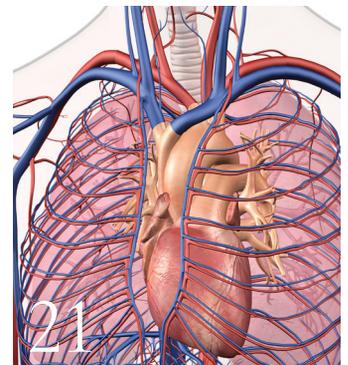
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healthy *together* contents

FALL 2020



2. WELCOME LETTER.
A community update from our CEOs.

4. INVESTING IN THE HEALTH OF THE COMMUNITY. An extraordinary gift will transform healthcare for Monmouth County residents.

6. NEW HOPE FOR CANCER PATIENTS. How one woman kept her hair during chemotherapy.

8. COMPREHENSIVE CANCER CARE CLOSE TO HOME. The new regional directors of breast radiology and oncology explain how collaboration among three hospitals will benefit patients.

9. GOING OUT: WHAT'S SAFE FOR SENIORS? When it comes to COVID-19 and social contact, it pays to weigh the risks and benefits.

10. NEW MOTHERS, NEW CHALLENGES. Virtual support is helping new and expecting moms get safely through the pandemic.

12. RADIATION ONCOLOGY: IT TAKES A TEAM. Patients throughout the RWJBarnabas Health system have access to the most advanced cancer treatments.

14. EVERYDAY JOYS. Expert care provides a young patient with the best possible quality of life.

15. HOW STRESS HARMS THE HEART. Heart muscle disease is increasing, and experts think emotional distress is a major cause.

16. GETTING THE MOST OUT OF TELEHEALTH. Virtual visits can provide big benefits.

17. RECOGNIZING TOP-RATED MATERNITY SERVICES. A new award honored the Labor and Delivery team.

18. LIVING YOUR BEST LIFE. Physicians at the Weight Loss Surgery Center help patients improve their health.

20. ON THE MOVE AGAIN. Joint replacement offers a quick return to an active lifestyle.

21. THE BEST BLOOD VESSEL CARE. How the new Regional Vascular Program is saving lives.

22. A LIFE TRANSFORMED. A young woman gained confidence and energy after an anterior hip replacement.

PHILANTHROPISTS ROCK THE NEW JERSEY HEALTHCARE WORLD



AN EXTRAORDINARY GIFT WILL INCREASE ACCESS TO MONMOUTH MEDICAL CENTER'S HIGH-QUALITY PROGRAMS AND SERVICES.

Driven by an enduring bond to their childhood hometown and an understanding of the depth and breadth of human flourishing that good health provides, Anne and Sheldon Vogel know that there is no better investment than in the healthcare of the people in our communities. Their staggering, transformational \$50 million gift to Monmouth Medical Center in Long Branch, New Jersey, the first of its magnitude to a healthcare institution in the state, is a reflection of their trust and confidence in the organization's vision for quality care and leadership to make it happen.

Both Anne and Sheldon were born at Monmouth, then called Monmouth Memorial Hospital. As a child, Sheldon was dependable and trustworthy, and his mother had a hunch he would be good with finance. "I'd get a bit of an allowance from my mom. It was a quarter for me and a quarter for my older brother. But I'd get the whole 50 cents and was responsible for doling it out for both of us—three cents for the bus, five for the movies," he says, reflecting back nearly 80 years. His mother was right. A lifetime of business acumen and leadership has made him remarkably successful.

Following two years in Germany serving the U.S. Army, Sheldon started working as a controller in his family's business, Vogels Department Store in Long Branch. There, he learned not only the value of fiscal

responsibility but the fulfillment that comes from being part of a community. Importantly, he also met Anne, the local police chief's teenage daughter, who worked in the store's business office. She would become both the love of his life and his philanthropic partner.

"My father was a frequent customer at Vogels. One day, Sheldon's uncle asked Dad if there was anything he could do for him," Anne says. "And my dad said, 'Well, I've got a daughter who needs a job!'" But Anne's father wasn't just a matchmaker; he was a pillar of the Long Branch community and lived his life devoted to service and the betterment of the community, a virtue that has been passed on to Anne.

After years working in retail, Sheldon was introduced to Ahmet Ertegun, co-founder of the famed Atlantic Records, whose company needed a new controller. Uneasy about his lack of experience in the industry, Sheldon candidly reported, "I don't know much about music." The response came in the form of a question: "What do you have to know; can you add columns and subtract and multiply?"

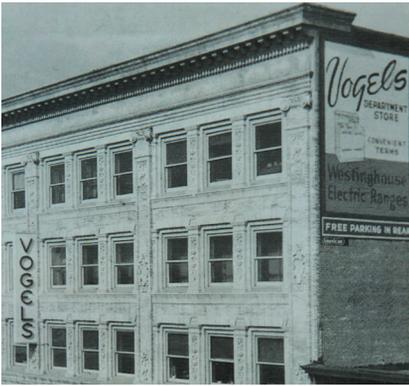
With that, he entered the music world in what would become one of the industry's most iconic periods. It was a magical age for music and Atlantic's roster included giants such as Ray Charles, Bobby Darin, Aretha Franklin, Bette Midler, Led Zeppelin, AC/DC and the Rolling Stones. Sheldon was often on the road

for business travel. Never wanting to be apart, Anne frequently accompanied him. Atlantic went on to acquire other labels and more artists. While many in management were at the clubs, assessing talent until the wee hours of the morning, Sheldon was busy managing the numbers, keeping costs under control and making sure the company prospered.

His paychecks were a far cry from those 25 cent allowances of his childhood. "I was lucky to make all that money," Sheldon says. "When I graduated college in 1953, all of us thought that if we made \$12,000 a year then, wow! That would really be it." As time passed, he recognized that he had enough. "The money was building up. We had no use for it but to count it. In order to do good in the world, we started getting involved with charities."

Committed to sharing their wealth, Anne and Sheldon have championed causes they believe in, such as the arts, animal welfare and of course, healthcare. Anne, in particular, felt strongly that the couple give back to their hometown and neighbors by investing in healthcare, which, in turn, benefits the Long Branch community and beyond.

The Vogels have long been involved with Monmouth Medical Center's Foundation, attending events and supporting its life-changing programs and services. "We spent years working with the Monmouth Medical Center Foundation and got to know and love



OPPOSITE PAGE, from left: Robin Lowy Embrey, Anne Vogel, Tara Kelly, Sheldon Vogel and Bill Arnold at the Vogels' family home. Sheldon celebrates a historic moment with rock legends AC/DC and fellow Atlantic Records executives as the band proudly displays its gold record album. **THIS PAGE, from left:** A staple of the Long Branch community, Vogels Department Store was one of the town's largest employers. Anne and Sheldon chat with renowned singer-songwriter Bette Midler at an industry event. The couple attends a philanthropic event at Monmouth Medical Center, celebrating years of partnership.

them," says Anne.

Tara Kelly, Vice President of the Monmouth Medical Center Foundation, remembers those early years working with Anne. She was immediately struck by the couple's strong commitment and selfless approach to philanthropy. "Anne and Sheldon's desire to leave a profound impact is an outstanding representation of our community," she says.

And when it came time for their own personal health, the couple trusted Monmouth Medical Center, forming deeply personal ties as well. "The care and caring we received from medical center staff—the doctors, nurses and those leading the day-to-day charge—were so positively significant to our experience," says Anne.

In 2017, they generously established the Anne Vogel Geriatrics Emergency Medicine Unit.

Shortly thereafter, the Monmouth Medical Center Foundation began working on a new project, a medical campus in nearby Tinton Falls that would help redesign and enhance patient care and delivery. Because of their previous philanthropy, Robin Lowy Embrey, Director of Donor Relations, asked the couple if they knew of any donors interested in supporting the new medical campus. The next day, Sheldon called and shared that he had found someone. "Me!" he said.

Sheldon has brought the same precision and thoroughness that made him extraordinary in business management to Monmouth Medical Center. "When we met with Sheldon at his office in Manhattan to discuss his philanthropic intent, Sheldon shared a piece of classic, hand-written ledger paper, the likes of which I hadn't seen in 20

years, and walked us line by line through his calculations of how he and Anne would be investing in us," remembers Tara. "It was an embodiment of how hard he worked his entire career and how carefully and conservatively he invested; he was offering us the chance to transform healthcare for our community. It was humbling."

"Transforming healthcare for the future is, in large part, rooted in the development of new technology," explains Bill Arnold, President of RWJBarnabas Health's Southern Region. "It is not unlike the changes that occurred during Sheldon's tenure at Atlantic Records."

"I saw firsthand how the digitization of music transformed the industry," says Sheldon. "In music, technology was the catalyst. We went from the 45 rpm to the LP to the audio tape and the cassette and now, it's all streaming."

"Conceptually, it is the same in healthcare," says Bill. "What used to be considered major surgery can now be done as a simple outpatient procedure."

Applying those business principles to the healthcare field came easily to Sheldon. At Atlantic, he worked painstakingly to grow the company. Its expansion was a process, requiring constant dedication, years of focused, strategic planning and a vetting of partners. "I was known as 'Dr. No,'" Sheldon remarks wryly. "When people would bring in new proposals and initiatives, I had to choose. You have to be in it for the long-term and be able to look beyond the present."

"We are pioneering the future of healthcare," says Bill. "Advanced technologies, expansive diagnostic services and innovative research are the hallmarks of today's smart, future-ready healthcare model. Our ultimate goal is to deliver an unparalleled patient experience."

Retiring from Atlantic Records in 1998, Sheldon turned to skillfully managing his investment portfolio. Now 88, he plans to continue working as long as he can. Ever humble, he's never been about preserving his name or acquiring more for himself. "When we're gone, our name won't mean anything—and that doesn't bother me, I expect that—but the good we do will endure," he says. When people ask him why he still works, his answer is simple: "I want to earn every dollar I can so there's more to give away."

"Philanthropy is critical to advancing the healthcare industry," explains Eric Carney, President and CEO of Monmouth Medical Center. "The Vogels' investment will grow our footprint to Tinton Falls and expand critical access to healthcare for the community." The state-of-the-art and environmentally-friendly Vogel Medical Campus is being designed alongside Monmouth's expert clinicians, extending the trusted, high-quality healthcare programs and services that Monmouth Medical Center in Long Branch is known for to more Monmouth County patients. It will leverage the very latest advances in medical space planning and technology, and serve the Monmouth County community for generations to come.

To learn about giving opportunities at Monmouth Medical Center, visit www.monmouthgiving.org.





RWJBarnabas Health and Monmouth Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.



NEW HOPE

FOR CANCER PATIENTS

**HOW ONE WOMAN KEPT HER HAIR
DURING CHEMOTHERAPY.**

Like many cancer patients facing chemotherapy, Jessica Heline of Tinton Falls was concerned about side effects, including a telltale one: hair loss. So, when an oncology nurse at Monmouth Medical Center (MMC) mentioned that a scalp cooling system could help counteract that problem, Jessica figured it was worth a try. “It appealed to me because I learned I might keep my hair—and if I did lose it, it would likely grow back faster afterward,” says Jessica, 31, an engineer and mother of a 3-year-old boy.

Jessica was diagnosed with stage 2B invasive ductal carcinoma in her left breast in April 2019. Since the cancer had spread to a

few of her lymph nodes, her doctors recommended chemotherapy before surgery. While Jessica was primarily concerned with surviving the disease, she wanted to look as normal as possible.

REDUCING HAIR LOSS

With scalp cooling, a patient wears a special cap during chemotherapy sessions to help prevent damage to hair follicles, explains Manpreet Kohli, MD, Director of Breast Surgery at MMC, where the Paxman scalp cooling system—one of two on the market—has been used since 2019. Cooling the scalp, also known as scalp hypothermia, causes blood vessels to constrict, limiting the amount of chemotherapy drugs that can destroy hair follicles. Chemotherapeutic drugs target rapidly dividing cells—both cancer cells and normal cells, such as hair follicles. Limiting blood flow to normal hair follicles can help preserve them while allowing chemotherapy to treat a malignancy thoroughly.

The system delivers coolant to reduce scalp temperature by a few degrees. Research has shown that scalp cooling therapies are effective in 50 to 80 percent of patients, reducing hair loss to less than 50 percent, according to the American Society of Clinical Oncology. Success depends on the type and dosage of the chemotherapy drugs. “We’ve had some really good results,” says Dr. Kohli. “Some patients have had almost no hair loss at all, while others have lost a significant amount and stopped using the cap. Some have lost around 30 percent of their hair and continued using the cap. Once they stopped, their hair grew back almost instantaneously.”

Scalp cooling also helps to preserve a patient’s natural look, notes Dr. Kohli. “When someone loses their hair entirely, it can take years to grow back to the original length,” she says. “Also, hair can grow back differently—curly or gray, for instance.”

A FULL, NEW LAYER OF HAIR

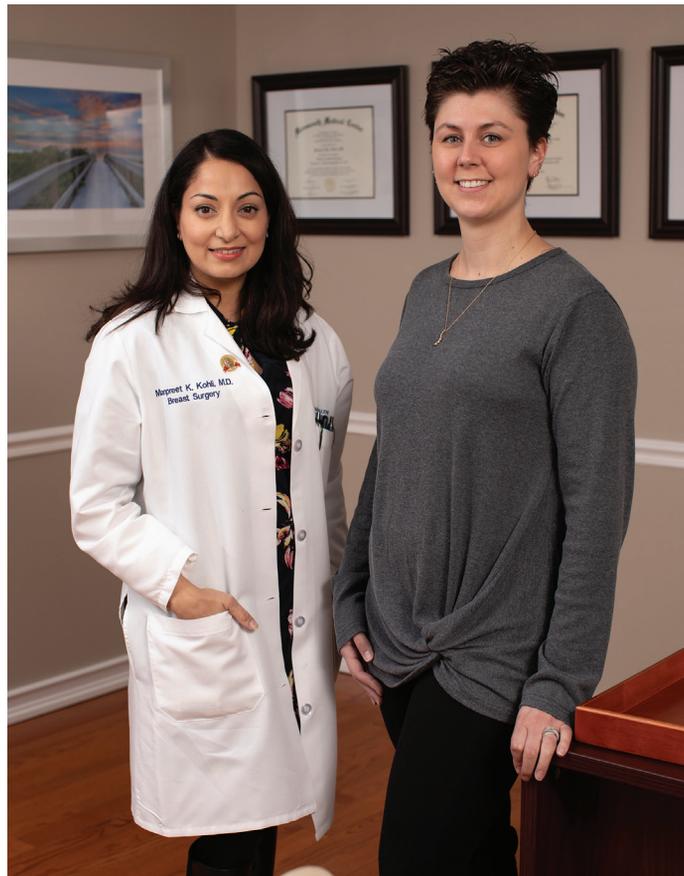
Jessica started using the scalp cooling system in May 2019, when she had the first of eight chemotherapy sessions. About an hour before each session, she applied a conditioning treatment to her hair, then donned a cap connected to a refrigeration machine. The treatment ended about an hour after each chemotherapy session. Overall, the cooling treatment lengthened each session by about two hours.

Jessica tolerated the treatments well. “It’s cold when you first put on the cap, but you get used to it,” she says. “The more annoying part was wearing a tight cap for a



THE BEST CANDIDATES FOR SCALP COOLING

Men and women undergoing chemotherapy for solid tumors may be candidates for scalp cooling—as long as they can tolerate the cold, says Manpreet Kohli, MD, Director of Breast Surgery at Monmouth Medical Center. The technique may not work as well with certain chemotherapy regimens, though. For instance, it doesn’t appear to be as effective for patients receiving the drug anthracycline. Talk to your medical oncologist to find out if you might benefit from scalp cooling.



Manpreet Kohli, MD, Director of Breast Surgery at Monmouth Medical Center, recommended that Jessica Heline use a scalp cooling system to help prevent hair loss during chemotherapy. **NOTE: This photo was taken before mask and social distancing recommendations were in place.**

long period of time.” While some patients experience a headache, most report minimal if any discomfort, says Dr. Kohli. The most common complaint is feeling cold, which can be managed by simply bundling up with blankets and a warm drink. “It’s low-risk and very safe,” she says.

Insurance coverage for scalp cooling is spotty, and out-of-pocket costs can run as high as \$2,200, regardless of how many treatments a patient undergoes. Jessica says the money she paid was well spent. “I kept my hair almost until the end of my treatments, when it became thin and I started wearing hats,” says Jessica, who completed chemotherapy late last summer. “Then, about three weeks after my last chemo session, I had a full, new layer of hair on my head. It was about a quarter-of-an-inch to half-an-inch thick. Now it seems to be growing nearly twice as fast as normal.”

In September 2019, Jessica had a double mastectomy with reconstruction. Although the cancer was only in the left breast, Jessica opted to have both breasts removed. “I wanted to eliminate as much risk as I could,” she says. Surgery was followed by six weeks of radiation. Now cancer-free, Jessica is planning to have a second-stage breast reconstruction this fall.

For the estimated one in 12 cancer patients who refuse to undergo chemotherapy because they’re terrified of losing their hair, scalp cooling can offer hope, says Dr. Kohli. “It’s very satisfying to be able to ease people’s fears,” she adds.

COMPREHENSIVE CANCER CARE CLOSE TO HOME

THE NEW REGIONAL DIRECTORS OF BREAST RADIOLOGY AND ONCOLOGY EXPLAIN HOW COLLABORATION AMONG THREE HOSPITALS WILL BENEFIT PATIENTS.

RWJBarnabas Health and Monmouth Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

BREAST IMAGING

Alexander King, MD, a board-certified radiologist, was named to the newly created position of Regional Director of Breast Radiology for the Southern Region, which encompasses Community Medical Center, Monmouth Medical Center and Monmouth Medical Center Southern Campus.

Under your leadership, will there be any changes to breast imaging services?

We're expanding our hours and plan to add new imaging locations to make mammography more accessible. We're also assessing each patient's lifetime risk of developing breast cancer based on factors such as family history. Using this information, we'll create a personalized screening plan for each patient. For women who have a 20 percent or higher lifetime risk of developing breast cancer, annual breast MRI screening is recommended in addition to annual mammograms. All of our recommendations are in line with the American College of Radiology and the Society of Breast Imaging.

What is your vision for the breast radiology service?

Our vision is to enhance our team approach to providing comprehensive breast cancer care for all patients—close to home. For example, if a patient who comes in for a mammogram needs a biopsy and is diagnosed with cancer, we can connect him or her with a surgeon and a medical oncologist in our vast network of cancer specialists. We provide integrated cancer care, from diagnosis to treatment to survivorship.

What differentiates your breast imaging services from those at other hospitals?



ALEXANDER KING, MD

We see breast health as a unique medical specialty and give it the attention it deserves. Our radiologists are dedicated breast imagers, meaning they are trained in identifying and diagnosing breast cancer. Also, we can refer patients to healthcare providers and oncology support specialists within the RWJBarnabas Health system. We're streamlining the process of follow-up care by using nurse navigators, who offer guidance to patients.

MEDICAL ONCOLOGY

Medical oncologist Seth D. Cohen, MD, was named to the newly created position of Regional Director of Oncology Services for the Southern Region.

What do you hope to achieve in your new role?

All three hospitals have the same goal: to provide the most advanced comprehensive and compassionate care for patients, including cutting-edge therapeutics and clinical trials. A team of medical oncologists works closely with our surgical oncologists and radiation oncologists in the Southern Region. We harness their individual expertise in various cancers, such as breast, lung, colorectal and lymphoma, to deliver top-notch care to patients.

How do patients benefit from clinical trials?

Clinical trials are research studies used to find better ways to prevent, diagnose and treat cancer. In the Southern region, we have more than 30 trials underway right now in collaboration with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Cancer Center.

What are the advantages of receiving treatment at one of the Southern Region hospitals?

We know that cancer doesn't travel well, so it's important that patients have access to the most advanced treatment options, such as clinical trials, close to home. There's no need for them to travel to a large city to receive the best cancer care. In addition, we provide genetic testing to individualize a patient's treatment plan. If they need to be admitted to the hospital, their doctor is nearby.



SETH D. COHEN, MD



GOING OUT: WHAT'S SAFE FOR SENIORS?

**WHEN IT COMES TO COVID-19 AND SOCIAL CONTACT,
IT PAYS TO WEIGH THE RISKS AND BENEFITS.**

A senior citizen who lives alone had become depressed. Her family said she seemed confused when they spoke to her on the phone. Should she allow visitors into her home to help her, or was the risk of contagion too great?

An elderly couple was being urged to attend the wedding of a dear family member, and they very much wanted to be there. Should they go?

These and similar questions are being debated daily by older adults, who are among the groups most at risk for severe illness from COVID-19.

“When stay-at-home recommendations began, many assumed that there would be a clear end date and kept a stiff upper lip as they socially isolated,” says Jessica Israel, MD, Senior Vice



JESSICA ISRAEL, MD

President of Geriatrics and Palliative Care for RWJBarnabas Health and a member of RWJBarnabas Health Medical Group.

However, as questions about transmission and treatment persist, it's become clear that life will not be going back to “normal” anytime soon—and prolonged isolation has health risks as well.

“Today, older adults need to evaluate the risk of having an interaction vs. the risk of not having it,” says Dr. Israel. “And we all need to be open to the fact that there's no one-size-fits-all answer for everybody.”

THREE QUESTIONS

To weigh out the pluses and minuses of a social interaction, Dr. Israel advises, ask yourself three questions:

“What are the risks of what I'm thinking about doing?” Will people be masked, will there be the ability to wash or sanitize hands, and will commonly touched surfaces be sanitized? Will the event be indoors or outdoors?

“How am I feeling emotionally?” Are you emotionally OK, or is staying inside affecting your ability to live your life successfully? For example, do you have a hard time getting motivated to get out of bed to begin your day? Have you lost interest in talking to people on the phone or in doing things you could enjoy, such as sitting outside?

“How am I feeling physically?” Is your health good, or do you have trouble with normal activities, such as walking from room to room? Have you been putting off care for a health condition?

Based on these considerations, Dr. Israel advised the family of the depressed older woman that she should have visitors. “It was becoming an unsafe situation, and when it comes to depression, you can't solve everything with medication,” she says. “The family had been trying to protect her by staying away, but she needed to see them in person, with all appropriate safety measures taken, of course.”

As for the elderly couple who were invited to the wedding, Dr. Israel asked them whether all guests would be masked and practice social distancing. The answer was no. “I had to tell them that I thought it would be too unsafe for them. They actually felt relieved,” she says.

“People come to me all the time and say, ‘Can I go to the hairdresser? Can I go to a restaurant that has outdoor seating?’” says Dr. Israel. “I tell them there may not be a great answer. No activity is without any risk at all, so you have to consider what you can do to mitigate that risk.”

The one activity that's definitely off-limits for now is hugging grandchildren, says Dr. Israel. “We're still learning, but it looks like young people spread the virus very easily, even if they show no symptoms at all,” she says. “I hate to say it, but hugging grandkids should be on hold for a while longer.”

To learn more about healthcare for seniors at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.



A pregnant woman with curly hair, wearing a light blue long-sleeved shirt, is smiling and holding a white tablet computer in front of her. The background is a soft-focus indoor setting with a white brick wall and a white cushion.

NEW MOTHERS, NEW CHALLENGES

VIRTUAL SUPPORT IS HELPING NEW AND EXPECTING
MOMS GET THROUGH THE PANDEMIC SAFELY.

The experience of being pregnant and having a baby is different during the era of COVID-19.

In-person baby showers aren't happening. Pregnant women aren't seeing friends and coworkers on a daily basis, so they can't have the kind of "Is this normal?" discussions that tend to come up between expecting and experienced mothers.

After the baby is born, many women have to go without help from other family members because of travel restrictions or fears of bringing COVID-19 into a home with a newborn.

"Many families are trying to navigate the emotional, physical and social challenges often experienced after the birth of a baby without the traditional support of friends and family," says Suzanne Sernal, Vice President for Women's Services at RWJBarnabas Health (RWJBH). "We've been hearing that pregnant women feel anxious because they're isolated and not able to experience pregnancy and new motherhood as they'd imagined they would."

For many women, help has come in the form of virtual support groups, facilitated by experts at RWJBH hospitals. Specific topics vary from hospital to hospital, but two groups are open to all: virtual support for women who are experiencing perinatal mood and anxiety disorders (PMADs) and virtual support for breastfeeding.

"One of the most important things women learn in these groups is that the things they're feeling are normal and they can talk about them," Sernal says. "We've created comfortable, safe virtual spaces for expecting and new mothers."

MANAGING ANXIETY

Women may come to a PMAD group feeling that they're alone, but in fact, PMAD—which used to be called postpartum depression—affects 1 in 5 pregnant and new moms. Though a very real illness, it is temporary and treatable, and peer support has been shown to be a powerful help.

In the group, new and expecting

mothers may express their sadness or anger, or feelings of being overwhelmed, without feeling judged.

"The conversations these women are having are so meaningful," Sernal says. "Some of them feel so isolated and sad at the beginning of a session, and by the end they're actually smiling and have been given a handful of resources they can immediately tap into as soon as the session is over."

Conversations can continue in a private Facebook community, and telehealth visits with a behavioral health specialist can be arranged. "We've been able to open the doors for more women to get support for mood and anxiety disorders because the virtual groups have eliminated geographic barriers," Sernal says.

BREASTFEEDING BASICS

Breastfeeding is good for both mother and baby, but it comes with many challenges—from latching-on to milk supply, tongue-tie, pain, pumping, diet, weaning and more. In virtual breastfeeding support groups, women connect with other new mothers as well as International Board-Certified Lactation Consultants to get the answers they need.

Lactation consultants allow moms to take the lead by raising issues that are of concern to them and provide their professional advice and insight as needed.

"When I got home from the hospital, I missed the support of the great lactation consultants and nurses there," says Lauren Tran, 34, of South Orange, who had a baby boy in mid-June. "I wondered if it would feel silly to do a breastfeeding group virtually instead of in person. But that feeling went away quickly, and we are building camaraderie and getting to know each other just as we would if we were in person."

"Knowing I'm not alone in challenges I'm dealing with is so helpful," says Shlomit Sanders, 33, of Elizabeth, who gave birth in April. "There are breastfeeding behaviors in babies that first-time moms have no idea about—for example, a feeding position that



PROTECTING MOMS AND BABIES FROM COVID-19

"The medical community is still learning about all of the potential effects COVID-19 may have on pregnancy and newborns," says Suzanne Sernal, Vice President for Women's Services at RWJBH. "What we do know is that all of the stay-safe recommendations—mask wearing, distancing, and frequent and thorough handwashing—that apply to us all are especially important for pregnant women and infants, and those who visit or care for them."

The Centers for Disease Control and Prevention recommends that mothers who come into a hospital for delivery be tested for COVID-19, even if they have no symptoms (cough, shortness of breath, fever or chills, loss of taste or smell). "At RWJBarnabas Health hospitals, we've put every precaution in place to ensure the safety of everyone in our facilities, including mothers and their birth partners," says Sernal. "So far, we've delivered more than 10,000 babies during this pandemic and have kept every one of those mothers and babies safe and healthy."

works great one time and not at all the next. It's so comforting to normalize these behaviors."

"At RWJBarnabas Health, we've made ourselves available to all of the pregnant and parenting women in our communities, and we welcome their questions," Sernal says. "We want them to have a great experience, even as they take all the measures needed to stay safe and healthy during the pandemic."

To learn more about virtual breastfeeding support, visit www.rwjbh.org/breastfeedingsupport. To learn about the PMAD group, visit www.rwjbh.org/PMADsupport. To learn more about maternity care at RWJBarnabas Health, visit www.rwjbh.org/maternity.





RADIATION ONCOLOGY: IT TAKES A TEAM

PATIENTS IN THE RWJBARNABAS HEALTH SYSTEM HAVE ACCESS
TO THE MOST ADVANCED TREATMENTS FOR CANCER.



RWJBarnabas Health, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

Radiation oncology, which uses precisely targeted doses of high-energy radiation to eliminate cancer cells, is an effective treatment for a wide range of cancers.

Within the field, though, are numerous treatment options, and that leads to crucial questions. Would a patient's cancer respond best to external beam radiation therapy, in which high-energy rays are directed from the outside into a specific part of the body? Or internal radiation, which involves putting a source of radiation inside the patient's body? And within those two categories, which specific treatment is most likely to be more effective for a particular patient?

Cancer patients in New Jersey can be assured that they have the best minds in the field on their cases, thanks to the unique partnership between RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"All of the radiation oncology doctors at the 11 hospitals in the RWJBarnabas Health system and Rutgers Cancer Institute consult with each other. We don't hesitate to pick up the phone," says Bruce Haffty, MD, FACR, FASTRO, FASCO, Chair of Radiation Oncology for Rutgers Cancer Institute and for Rutgers Robert Wood Johnson Medical School and New Jersey Medical School.

"Moreover, we all know what technologies are available throughout the system. So if a patient at one of our cancer centers needs a treatment that's available at Rutgers Cancer Institute or any RWJBarnabas Health facility,

we ensure that treatment can be offered based on the individual patient needs. If a clinical trial at any of those places could benefit a patient, his or her oncologist will know about



BRUCE HAFFTY, MD

it and the patient will have access to it," explains Dr. Haffty, who is also the Associate Vice Chancellor for Cancer Programs.

"In this way, we can provide a seamless continuity of advanced care that's of great benefit to our patients," he says.

CONSISTENT CONNECTION

Physicians at RWJBH and Rutgers Cancer Institute represent a vast array of cancer specialties. "A physician can call a specialist at another RWJBarnabas Health hospital to consult on any case," Dr. Haffty says. "For example, I get calls all the time about cases in my specialties, breast cancers and head and neck cancers. The same kind of discussions go on among experts in gastrointestinal, brain, blood cancers—all kinds of subspecialties within radiation oncology."

Such consultations aren't left to chance. Cancer specialists at RWJBH and Rutgers Cancer Institute meet regularly to discuss their cases. "We've implemented peer-review planning sessions, where every new patient case at each facility is peer-reviewed by multiple physicians," says Dr. Haffty. "Physicians share their ideas about what treatments might best benefit the patient—perhaps Gamma Knife, CyberKnife, proton therapy or other sophisticated radiation therapy techniques. Very few health systems have all of these options available."

Physicians and patients also have the benefit of the most up-to-date national research and the latest clinical trials. As one of just 51 U.S. institutions designated a Comprehensive Cancer Center by the National Cancer Institute, Rutgers Cancer Institute is a leader in conducting cancer research and translating scientific discoveries into novel treatments.

"The partnership between Rutgers Cancer Institute and RWJBarnabas Health is unique in that it offers the latest technology available in combination with all of our subspecialty expertise," says Dr. Haffty, "and anybody who walks in the door anywhere in the system has the benefit of all of it."



ADVANCED TREATMENTS

Radiation oncologists at Rutgers Cancer Institute of New Jersey and throughout the RWJBarnabas Health system are experts in the most advanced radiation treatments available, including but not limited to:

BRACHYTHERAPY: In this type of radiation therapy, the radioactive source is delivered through seeds, ribbons, catheters or wires placed within or just next to a tumor.

CYBERKNIFE: This robotic radiosurgery system is noninvasive and delivers intense, highly focused doses of radiation directed by a sophisticated computer guidance system.

GAMMA KNIFE RADIOSURGERY: This treatment uses multiple beams of radiation focused with extreme accuracy on the tumor or area to be treated. With Gamma Knife, no incision is required to treat tumors and other abnormalities of the brain.

INTENSITY MODULATED RADIATION THERAPY (IMRT) AND IMAGE GUIDED RADIATION THERAPY (IGRT): These therapies utilize advanced imaging and computerized radiation delivery techniques that provide high-resolution, three-dimensional imaging to pinpoint tumor sites while protecting healthy tissue.

PROTON BEAM THERAPY: This type of therapy uses protons (subatomic particles with a positive electric charge) to precisely target locations within tumors while protecting surrounding tissues and organs.

Your cancer care is too important to wait. Our cancer centers and our hospitals have taken every precaution as we continue to provide the most advanced cancer care. To schedule an appointment with one of our cancer specialists, call **844.CANCERNJ (844.226.2376)**.





Aiden Shanklin, left, has a custom treatment plan designed by his doctors to alleviate symptoms caused by a genetic mutation.

muscle tone or motor skills caused by damage to or abnormal development of the brain. CP symptoms often include exaggerated reflexes, floppy or rigid limbs and involuntary motions.

Aiden lived with this diagnosis for six years. Then he was taken to see Adam Aronsky, MD, a developmental and behavioral pediatrician at CSH in Mountainside. Dr. Aronsky felt that Aiden's clinical picture did not align with those of CP patients and suggested that he undergo genetic testing. That led to the discovery that Aiden actually had a GRIN2B mutation, a genetic disorder with symptoms very similar to those of CP.

"Because the symptoms of CP and GRIN2B-related syndrome are so similar, our treatment plan has not changed," Nicole says. "However, the new diagnosis has provided a lot of answers to my questions."

Aiden now sees three physicians at the CSH Mountainside location who work together to help with his treatment plan. Dr. Aronsky treats Aiden's bone and muscle function. JenFu Cheng, MD, a physical medicine and rehabilitation physician (physiatrist), provides Botox injections that assist with the parts of Aiden's body that have high muscle tone (spasticity). Neurologist Andrea Richards, MD, assesses any episodes he may have. For example, when there was concern that a laughing condition was a sign of a seizure, she was able to determine that it was just part of Aiden's personality.

"This experience has taught me that it's OK to ask questions, even if you think they don't make sense or seem silly," Nicole says.

"I encourage other families going through similar experiences to go with their gut, ask questions, research everything you can and share your experiences with others. You never know who will benefit from your story."

To learn more about Children's Specialized Hospital, call **888.244.5373** or visit **www.childrens-specialized.org**.

EVERYDAY JOYS

EXPERT CARE PROVIDES A YOUNG PATIENT WITH THE BEST POSSIBLE QUALITY OF LIFE.



Children's Specialized Hospital®

An RWJBarnabas Health facility

At 8 years old, Aiden Shanklin is wheelchair-dependent, has a sensory processing disorder and functions at the level of a 1-and-a-half-year-old.

He also loves to laugh, listen to the acoustic guitar, ride horseback and swim or run his hands under water. Aiden is doing these things and living his best possible life, thanks to the loving care of his family and the expertise of doctors at Children's Specialized Hospital (CSH).

"Children's Specialized Hospital has provided us with such excellent care. I couldn't ask for a better team for Aiden," says his mother, Nicole. "They have given

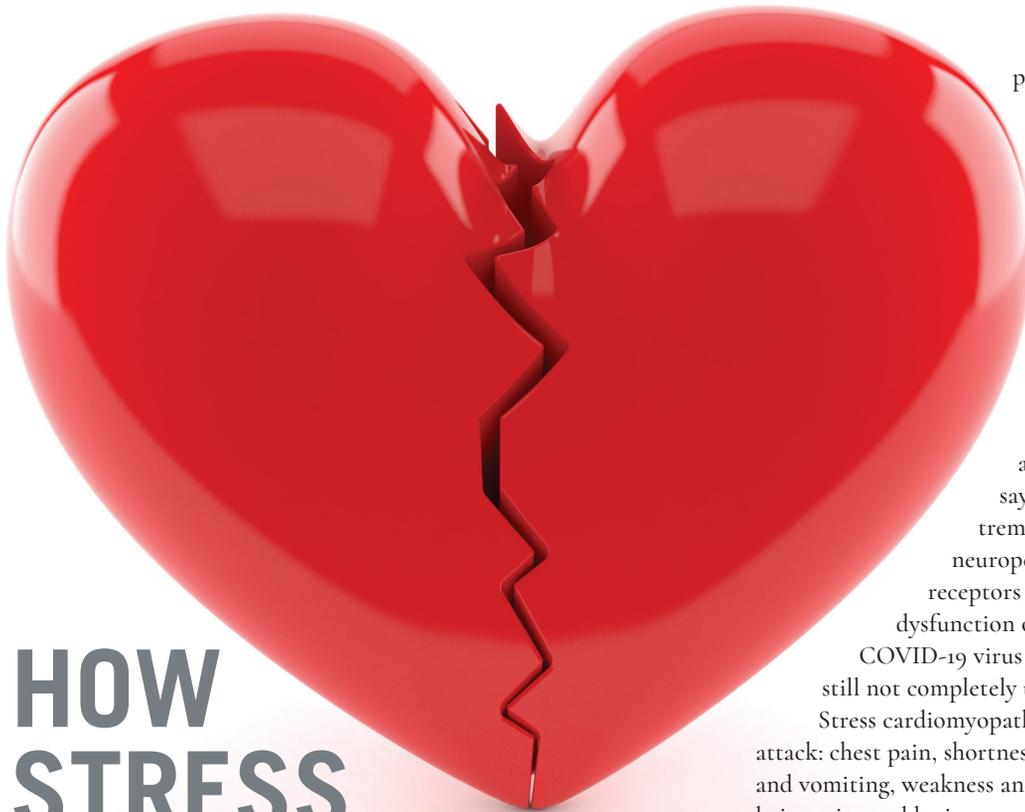
us the opportunity to provide him the best quality of life that we can."

QUESTIONS ANSWERED

When Aiden was 9 months old, Nicole became concerned because he had trouble holding his head up and had no trunk control. "When I would go to lift him, it felt as if I were picking up a rag doll," she says.

A pediatrician diagnosed Aiden with cerebral palsy (CP), a disorder of movement,

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to developmental and behavioral issues, like autism and mental health conditions. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren.



HOW STRESS HARMS THE HEART

HEART MUSCLE DISEASE IS INCREASING, AND EXPERTS THINK EMOTIONAL DISTRESS IS A MAJOR CAUSE.

If someone says their heart is broken, you instantly know what that means: The person is feeling deep grief, usually from the loss of a love relationship or the passing of a loved one.

The pain is emotional, but it can feel—and be—physical as well.



FADI CHAABAN, MD

In fact, cardiac specialists know extreme emotional stress can actually “break” a heart’s functioning by reducing the ability of heart muscles to pump, thereby depriving the brain and organs of oxygen-rich blood. This is called stress cardiomyopathy, also known as “broken heart syndrome,” and cases have been on the rise.

“Recent data show an increase of four times the number of stress cardiomyopathy cases compared to before the COVID-19

pandemic,” says Fadi Chaaban, MD, Director and Chief of Cardiology at Clara Maass Medical Center and a member of RWJBarnabas Health Medical Group.

HOW IT HAPPENS

“The mechanism for triggering stress cardiomyopathy is not completely understood, but it’s possible that there is a link between the brain and the heart where you have a high activation of neurons in the brain stem,” says Dr. Chaaban. “These in turn secrete a tremendous amount of stress hormones and neuropeptides, which could be captured by the receptors of the heart, leading to a temporary dysfunction of an area in the heart.” However, the COVID-19 virus attacks the heart in many ways that are still not completely understood, he notes.

Stress cardiomyopathy has the same symptoms as a heart attack: chest pain, shortness of breath, sweating, dizziness, nausea and vomiting, weakness and pounding of the heart. In addition to being triggered by intense emotion, it can be caused by significant physical stress, such as a severe asthma attack or a broken bone.

“Many times, a patient comes in with what presents as a heart attack, and we discover it was actually stress cardiomyopathy only after further testing, such as an echocardiogram or angiogram,” says Dr. Chaaban.

Women, especially those over 50, seem to be more at risk of emotion-caused stress cardiomyopathy. When men have the condition, it is more often caused by physical stress.

MANAGING STRESS

“We don’t know why some people get stress cardiomyopathy and others don’t, but what we can tell patients is that they are highly likely to fully recover,” says Dr. Chaaban. “We generally need to provide supportive treatment for several weeks, with medications to help improve blood pressure, remove fluid from the lungs and prevent blood clots.” For very sick patients, a ventilator or an intra-aortic balloon pump may be needed.

Managing stress is the most important thing anyone can do to protect the heart, he says. “The best way to de-stress yourself is to live a healthy life—stay active, eat well and maintain a healthy weight as well as a positive attitude,” he says. “Life is stress, but you can learn not to take things personally and become more resilient to whatever life throws at you.”

The most urgent message Dr. Chaaban has is for people to pay attention to their symptoms. “If you’re stressed out and suddenly feeling chest pain, don’t ignore it,” he says. “Get checked as quickly as possible. Call 911 or go to the Emergency Department. That’s a controlled environment where we can help you and support you until the stress has passed and your heart has healed.”

Your heart doesn’t beat just for you. Get it checked. To find a cardiac specialist at RWJBarnabas Health, call **888.724.7123** or visit **www.rwjbh.org/heart**.





GETTING THE MOST OUT OF TELEHEALTH

VIRTUAL VISITS WON'T REPLACE IN-PERSON APPOINTMENTS, BUT THEY CAN PROVIDE SIGNIFICANT BENEFITS.

Not long ago, virtual doctor visits—appointments conducted via video or phone—were relatively rare. Now they're commonplace, and they're here to stay. "The pandemic gave telehealth a jump-start, but I believe it will become a permanent part of the healthcare delivery system," says Andy Anderson, MD, President and Chief Executive Officer of the combined medical group of RWJBarnabas Health and Rutgers Health. "We are seeing ever-increasing use of our RWJBarnabas Health TeleMed services."



ANDY ANDERSON, MD

Telehealth can be used for primary and routine medical care, as well as for some aspects of specialty care. "There's still enormous value in

face-to-face appointments and physical examinations, and that will never go away," says Dr. Anderson. "But telehealth has many uses, both for convenience and for making and maintaining the doctor-patient connection." Here, he explains why.

Can a wellness visit be done through telehealth?

A good deal of preventive screening can be done this way. A doctor can ask, "Have you had your mammogram? Have you scheduled your colonoscopy? What kind of diet are you consuming? Are you sleeping well?" Patients can self-report their weight and, if they have a blood pressure cuff at home—as many patients do—their blood pressure numbers. A doctor can screen for cognitive issues, give referrals, advise on a plan for self-care and recommend future tests and appointments.

Telehealth is not, clearly, a full substitute for an in-person visit and

examination. But it is a valuable way for people to get many of their healthcare needs met.

Besides wellness visits, what other kinds of primary care can be conducted virtually?

If you have an acute issue—for example, a cut or sprain, or a possible urinary tract infection—telehealth is a way to sort out the next steps, such as a doctor office visit, trip to urgent care or a prescription.

Also, aspects of care for chronic conditions like diabetes, heart failure and high blood pressure can be managed via telehealth. A doctor can ask about blood sugar levels, about symptoms and about medication side effects. The physician can see certain symptoms over video, such as swelling in legs.

Chronic disease management should be done in a combination of in-person and telehealth visits. But many patients have been very happy to have routine check-ins take place in a video visit, sparing them time they'd have to spend traveling to the doctor's office.

When an in-person visit isn't practical, why not just have a telephone call?

We encourage a video visit whenever possible, and fortunately, the technology for having one has become very simple to use. There's a huge visual component to communication—body language, expression. It's important to see the patient and have them see you when you're counseling or coaching them, or asking about side effects.

Are there any special issues for children?

For kids, much of their preventive care has to do with getting vaccines on schedule, so they'll need in-person visits more than most adults.

Can telehealth be used for COVID-19 screening?

Absolutely. In fact, it's a very important screening tool because, ideally, you don't want a person to show up to a medical office and potentially expose other people. An initial screening can be done effectively over the phone or via a video call by asking about the patient's health history and symptoms. Then prescriptions, tests or other next steps can be arranged as needed. The same is true, by the way, for people who have a bad cold or the flu.

To learn more about RWJBarnabas Health TeleMed®, call 888.724.7123 or visit www.rwjbh.org/telemed.





From left: Brigadier General Pete Dawkins, Noel Mihalow and Joe Mihalow, Noel's husband, next to a portrait of Judi Dawkins.

RECOGNIZING TOP-RATED MATERNITY SERVICES

A NEW AWARD HONORED THE LABOR AND DELIVERY TEAM FOR ACHIEVING THE HIGHEST STANDARDS IN CARE.

For more than 20 years, Judi Dawkins of Rumson served as a trustee on the board of Monmouth Medical Center (MMC). As chair of the Foundation board from 2000 to 2003, Judi helped launch the Redefining Health Care Capital Campaign, which included oversight of \$15 million in upgrades for the Leon Hess Cancer Center and the expansion of the Jacqueline W. Wilentz Comprehensive Breast Center. “She dedicated herself to community service and building a premier hospital in New Jersey,” says Noel Mihalow, Judi’s daughter and a filmmaker in New York City. “When she found Monmouth Medical Center, it called to her. She felt she could make a difference there.”

Judi and her family had a personal connection to RWJBarnabas Health.

Both Noel and her father, Pete, a college football star and Heisman Trophy winner, had open heart surgeries at one of MMC’s sister hospitals, Newark Beth Israel Medical Center. “She felt the care we received was second to none, and she wanted others in the community to benefit,” says Noel. Judi was involved in the Power of Pink luncheon, which raises funds for medical equipment and services at the Leon Hess Cancer Center. She was honored with several awards, including the New Jersey Hospital Association’s Hospital Trustee of the Year Award and the Community Leadership Award.

After Judi passed away in 2017, her family wanted to honor her commitment to women’s healthcare. They gave a \$4 million gift to establish the Judith W. Dawkins Women’s Health Program, which

will bring together highly specialized women’s health services under one roof. “It will provide comprehensive care for women,” says Noel. An experienced team of physicians, surgeons and healthcare professionals will offer primary care for women; obstetrical and breast health services; cancer prevention; radiology, including bone-density scanning; nutrition and sports medicine; and care for mental health disorders and cardiovascular and autoimmune diseases.

BEST-IN-CLASS MATERNITY CARE

The Judith W. Dawkins Seal of Excellence Award was also created to recognize an MMC department and clinical team that exemplifies Judi’s legacy as an ambassador, visionary leader, philanthropist and trustee. The JWD Seal of Excellence, which will be given annually, will honor a clinical team that demonstrates innovative, evidence-based quality care backed by a culture of patient safety. The first recipient is MMC’s Labor and Delivery Unit, which has surpassed the national benchmarks in all key quality maternity care indicators.

In July, MMC was designated as one of Newsweek’s Best Maternity Care Hospitals 2020. The maternity care program is ranked among the best in the country, as verified by the 2019 Leapfrog Hospital Survey. MMC is one of fewer than 250 hospitals nationwide to receive the honor. “We’ve built one of the safest obstetrical and gynecologic services in New Jersey,” says Robert A. Graebe, MD, Chairman of Obstetrics and Gynecology at MMC.

Noel knows Judi would be proud of the Labor and Delivery team. “I was thrilled to hear about the Newsweek recognition,” she says. “It’s exciting to see all of the things my mom had worked toward for more than two decades coming to fruition.”

To learn about giving opportunities at Monmouth Medical Center, visit www.monmouthgiving.org.





LEARN MORE ONLINE

To help patients gain a better understanding of bariatric surgery, Monmouth Medical Center offers virtual information sessions. “They can help patients come up with questions for their first in-person consultation,” says Gurdeep S. Matharoo, MD, FACS, FASMBS, a board-certified bariatric surgeon at Monmouth Medical Center. Fall sessions will be held from 6 to 7 p.m. on October 15 and November 19.

LIVING YOUR BEST LIFE

PHYSICIANS AT THE WEIGHT LOSS SURGERY CENTER HELP PATIENTS IMPROVE THEIR HEALTH AND LIVE LONGER.



There have been plenty of jokes about gaining the “COVID-19” in recent months, but being overweight is no laughing matter. For starters, it increases your risk of dying from the coronavirus. In addition, people who have a body mass index (BMI), a weight-height ratio, over 30 are at increased risk of developing coronary



GURDEEP MATHAROO, MD

artery disease, stroke, diabetes, cancer and fatty liver disease.

Losing weight through diet and exercise can be challenging for people with a high BMI. But weight loss, or bariatric, surgery can help people lose 55 to 75 percent of excess body weight and extend a person’s life expectancy by 10 to 12 years, says Gurdeep S. Matharoo, MD, FACS, FASMBS, a board-certified bariatric surgeon at Monmouth Medical Center (MMC). In addition, the surgery may “cure” serious medical problems, such as high blood pressure, reflux, sleep apnea and joint pain. Surgery can also

improve a person’s quality of life. “When I ask a patient ‘Why are you here?’, I often hear things like: ‘I want to spend more time with my family’ and ‘I can’t keep up with my grandkids,’” says Dr. Matharoo. “Bariatric surgery can help people live the life they want to live.”

At MMC, the Weight Loss Surgery Center offers a multidisciplinary approach to slimming down. The Center offers primary surgery as well as revisional procedures, in which a previous bariatric surgery is corrected. Bariatric surgeons at MMC are fellowship trained, and they perform the procedures using minimally

invasive techniques. The benefits include a lower risk of infection and hernias, a quicker recovery and less incisional pain. MMC's bariatric surgeons are the only ones in the area to perform weight-loss surgery using robotic technology, which is more precise than other methods.

The Center is so committed to helping the 27 percent of adults in New Jersey who are obese that a staff member recently introduced a bill that would designate the second week of October "Obesity Care Week" in New Jersey. Here are the procedures the Center offers and how to know if you might qualify for surgery.



IS WEIGHT-LOSS SURGERY FOR YOU?

To qualify for bariatric surgery, you must meet the following criteria:

- a body mass index (BMI) of 40 or greater
- a BMI of 35 to 40 plus one or more other conditions, such as Type 2 diabetes, high blood pressure, sleep apnea, high cholesterol or an enlarged liver

Q

A BARIATRIC SURGEON ANSWERS YOUR QUESTIONS

What's the most popular bariatric surgery?

The sleeve gastrectomy is our most popular bariatric procedure. It comprises about 90 percent of the surgeries we perform. It has good results and appeals to patients because it only involves operating on the stomach, as opposed to the stomach and intestines.

What's a multidisciplinary approach to weight loss?

We provide nutritional counseling for three to six months before a patient has surgery. Our registered dietitians work with patients to help them develop better eating habits. In addition, patients see a mental health professional to be screened for depression, anxiety and eating disorders. Mental health problems must be treated before a patient can have bariatric surgery. We also offer clinical, emotional and nutritional support group meetings.

What's an accredited program?

Our bariatric surgery program is accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), a joint venture between the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery. Bariatric surgery centers must meet certain practice standards in order to be accredited. They also must report their surgical outcomes to the MBSAQIP database.

TYPES OF BARIATRIC SURGERY

• SLEEVE GASTRECTOMY

HOW IT WORKS: About 80 percent of the stomach is removed, leaving a small "sleeve" about the size of a banana. This surgery helps people feel full after eating small amounts of food and causes gut hormone levels to drop so they're not as hungry.

BEST FOR: It helps to resolve serious health conditions like diabetes. People who have gastroesophageal reflux disease should avoid this procedure, though, because it can worsen the problem.

• GASTRIC BYPASS

HOW IT WORKS: The stomach is divided into two sections. The top part becomes a small pouch the size of a golf ball. It limits the amount of food that can be eaten. The stomach is connected to the middle of the small intestine, and the bypassed parts of the stomach and intestinal tract don't absorb food. This procedure leads to hormonal changes that promote weight loss.

BEST FOR: This procedure is ideal for people with diabetes and reflux disease.

• SINGLE-ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI-S)

HOW IT WORKS: This is a modified duodenal switch procedure. A portion of the stomach is removed to create a smaller one. Next, a large part of the small intestine, or duodenum, is bypassed so that food empties into the last segment of it, resulting in less absorption of calories and nutrients. The new version, called SADI-S, is a less complicated operation and has a lower risk of long-term nutritional deficiencies. The procedure helps to reduce the amount of food a person eats and reduces the absorption of fat. It also results in hormonal changes that reduce appetite.

BEST FOR: People with high BMIs or long-standing diabetes that's difficult to control.

For log-in information regarding the virtual information sessions, call **888.724.7123**.





Members of the Joint Replacement Center team, from left: physical therapist Leilani Toomey, DPT; Nicole Wilps, program coordinator; David Chalnack, MD, Medical Director of the Joint Replacement Center; and Christina Connor, Assistant Director, Surgical Day Stay

A LIFE-CHANGING PROCEDURE

JOINT REPLACEMENT SURGERY OFFERS A QUICK RETURN TO THE ACTIVITIES YOU ENJOY MOST.

For patients with debilitating pain caused by conditions like osteoarthritis, joint replacement surgery is a game changer. Hip and knee replacement procedures have been proven to reduce pain and improve function, allowing patients to return to the activities they enjoy most.

At Monmouth Medical Center (MMC), the Joint Replacement Center provides the latest treatment options to patients who have experienced pain and limitation related to permanent and progressive damage to their hips and knees. In fact, MMC recently received reaccreditation



DAVID CHALNICK, MD

through the Knee and Hip Replacement Surgery Certification of The Joint Commission's Disease-Specific Care Certification Program. This recognizes MMC's commitment to excellence in providing care for joint replacement patients.

A LEADER IN PATIENT SATISFACTION

Whether your pain is due to osteoarthritis, rheumatoid arthritis, trauma or other joint disorders, you'll find life-changing relief under the care of MMC's highly experienced, board-certified, fellowship-trained joint replacement specialists, says David Chalnack, MD, Medical Director of the Joint Replacement Center at MMC and Chair of the RWJBarnabas Health Total Joint Integrated Leadership Committee. "Our comprehensive, coordinated Joint Replacement Center delivers unparalleled

expertise led by surgeons who have performed thousands of joint replacement procedures with extremely low infection and complication rates and superb outcomes," says Dr. Chalnack. "Our numbers say it best; we have some of the top pain management and outstanding patient satisfaction scores in the state."

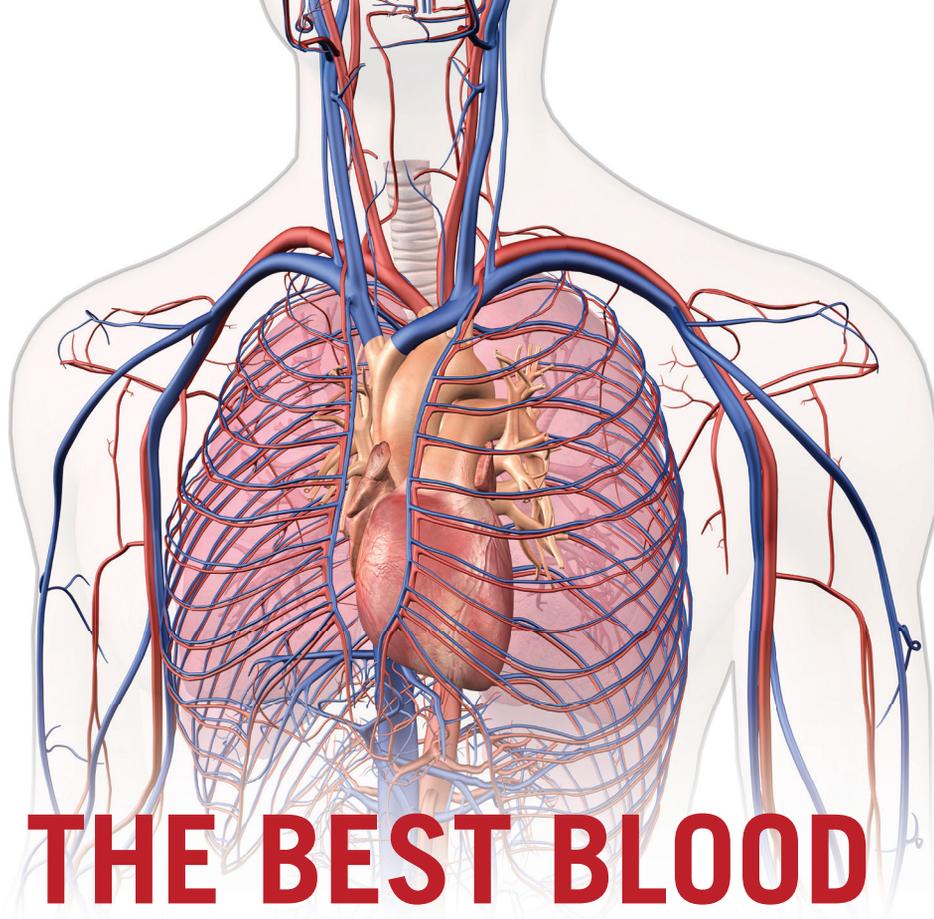
MMC offers individualized care plans for pain management and a designated inpatient unit staffed by nurses and therapists who specialize in the care of joint replacement patients. In addition, the program's Joint Replacement Center coordinator serves as each patient's personal navigator and liaison with the orthopaedic surgeon. Care is coordinated every step of the way, from the preoperative class through the hospital stay and discharge.

As a leader in surgical services, MMC was the first hospital in the region to offer robotic-arm assisted joint replacement surgery. "With the availability of advanced robotic systems and the skills of our surgeons, patients experience a better outcome and a faster return to normal activities," says Dr. Chalnack.

Recently, MMC introduced a fast-track joint replacement surgery program, which allows eligible patients to have a very short hospital stay. It offers excellent clinical outcomes, and patients are satisfied with the experience. "As a high reliability organization, Monmouth Medical Center has focused on the proper, safe and responsible reopening of elective surgery," says Dr. Chalnack. "We've taken every precaution and have instituted extra safety measures in our operating and recovery rooms. In addition to our dedication to the highest quality patient-centered care, Monmouth Medical Center uses the latest medical advances to provide our patients with a safe, fast recovery and the shortest possible hospital stay."

For more information about the Joint Replacement Center or to schedule a consultation with a Monmouth Medical Center joint replacement surgeon, call **888.724.7123**.





THE BEST BLOOD VESSEL CARE

HOW THE NEW REGIONAL VASCULAR PROGRAM IS SAVING LIVES.

Cardiovascular disease, which encompasses stroke, aneurysms, peripheral vascular disease and heart disease, is the No. 1 cause of death in the U.S. These conditions are caused primarily by smoking, high cholesterol, high blood pressure and diabetes. The keys to survival are early detection and prevention of complications. This requires coordinated, multidisciplinary care by primary care physicians and cardiovascular specialists. Together, they diagnose disease and provide state-of-the-art treatment.



RANDY SHAFRITZ, MD

Over the last several years, the RWJBarnabas Health Southern Region has taken

steps to deliver high-quality cardiovascular care to residents across Monmouth and Ocean counties. To provide the most comprehensive vascular care in these areas, Randy Shafritz, MD, RPVI, FACS, a board-certified vascular and endovascular surgeon and Associate Professor of Surgery at Rutgers Robert Wood Johnson Medical School, has been appointed Regional Director of Vascular Services for Monmouth Medical Center, Monmouth Medical Center Southern Campus and Community Medical Center. He is also a member of the RWJBarnabas Health Medical Group.

A MULTIDISCIPLINARY APPROACH

The goal of the Regional Vascular Program is to create a Center of Excellence, which involves taking a multidisciplinary approach to treating vascular disease. Dr. Shafritz

is building an expansive network of well-trained physicians and surgeons to specialize in the treatment of vascular diseases. They will have advanced training in the newest technologies, and local residents will have access to world-class expertise and facilities in their own backyard. Patients will benefit from aggressive screening for early detection of vascular disease; state-of-the-art, noninvasive testing facilities; and pleasant and convenient offices located throughout Monmouth and Ocean counties.

Regional Vascular Program physicians treat a wide range of conditions, including heart disease, carotid artery disease and stroke, kidney failure, aortic aneurysms, peripheral artery disease and venous disease, such as varicose veins and blood clots. The physicians provide comprehensive, noninvasive diagnostic vascular testing and screening in their outpatient offices and at the Southern Region hospitals. Diagnostic procedures include vascular duplex ultrasound and pulse volume recording. Each of these procedures is performed by a registered vascular technologist and interpreted by vascular surgeons, interventional radiologists and cardiologists.

AN ARRAY OF TREATMENTS

Treating vascular disease may involve medications, interventional procedures, surgery and preventive care. Oftentimes, more than one approach is required, such as interventional and surgical care, physical therapy and exercise. Most conditions can now be managed with minimally invasive, or endovascular, procedures, allowing for faster and easier recoveries. They can often be done on an outpatient basis. Physicians perform procedures such as angioplasty, in which blocked arteries are opened using balloons, catheters and stents; endovenous ablation, or laser treatment of a diseased vein; and aneurysm repairs.

State-of-the-art imaging allows vascular specialists to treat patients with complex cardiovascular issues close to home, with the same level of expertise traditionally found at large university programs.

Your heart doesn't beat just for you. Get it checked. To reach an RWJBarnabas Health cardiovascular specialist, call 888.724.7123 or visit www.rwjbh.org/heart.





A LIFE TRANSFORMED

A YOUNG WOMAN GAINED CONFIDENCE AND ENERGY AFTER AN ANTERIOR HIP REPLACEMENT.

When Arabella Dudzinski of Matawan was 12, she fell while playing “manhunt” with her next-door neighbor. When her parents took her to Monmouth Medical Center (MMC), they discovered that the growth plate in her left hip was shattered. Growth plates, which are found at the end of the long bones in children,



BERT PARCELLS, MD

are easily injured because they’re weaker than the surrounding ligaments, tendons and bone. This growth plate injury in the hip was diagnosed as a slipped capital femoral epiphysis (SCFE). The disorder can occur after a fall or develop gradually over time. When a SCFE occurs in a child, there’s a good chance that the blood supply to the hip is damaged. The body is unable to deliver important nutrients and growth factors to the hip, preventing it from healing. Philip Therrien, MD, a pediatric orthopedic surgeon who now works at Robert Wood Johnson University Hospital, placed two pins in Arabella’s hip

After struggling with hip pain for a decade, Arabella Dudzinski had hip replacement surgery and was able to travel to Iceland and climb mountains—pain-free.



to stabilize it and prevent further injury. “He told me and my parents that I would probably need hip replacement surgery by the time I was 30,” says Arabella.

TOO YOUNG FOR CHRONIC PAIN

Arabella avoided high-impact activities and was excused from gym until she was in ninth grade. “All I could do was walk

and ride my bike,” she recalls. “I gained weight because I couldn’t exercise much.” Over time, the pain gradually began to affect Arabella’s daily activities. When she was 22, she struggled to drive to work. “I realized my hip had become weaker,” she says. “My commute was around two hours a day, and it was difficult to sit in the car for that long.” Her hip was giving out frequently, and she was unable to exercise. “My daily activities had become very uncomfortable,” she recalls.

Arabella saw a few orthopedic surgeons. In August 2018, she was diagnosed with osteoarthritis, the loss of cartilage, and osteonecrosis, in which the hip fully collapses. Both problems resulted from the growth plate injury. A family member recommended that she see Bert Parcels, MD, an orthopedic surgeon at MMC. “I was blown away that Dr. Parcels wanted to talk with me about my quality of life,” she recalls. “Also, he addressed me as opposed to my parents. He has an amazing bedside manner.” Coincidentally, Dr. Parcels had been trained many years prior as an orthopedic resident by Dr. Therrien, the surgeon who performed Arabella’s initial procedure.

Dr. Parcels recalls that Arabella’s hip was in bad shape. “The pain was consuming all of her energy every day,” he says. “I said, ‘You’re young to get a hip replacement, but you’re too young to be dealing with chronic pain. The good news is, your body has a tremendous potential to heal. You’ll have the procedure, you’ll recover quickly, and you’ll return to a normal, pain-free life.’ We use ceramic materials, and they often last at least 30 years, if not longer.”

Dr. Parcels told Arabella he would perform the hip replacement using a direct anterior approach, which is a minimally invasive technique that involves operating through the front of the hip instead of the back. Dr. Parcels received fellowship training in this technique in Bern, Switzerland. “The

recovery is faster because you don’t need to cut any muscles,” he says. “For the first six weeks after surgery, there’s a decreased need for pain medication and a faster recovery with therapy as compared with traditional techniques.” Advances in such surgical techniques combined with advances in anesthesia have allowed MMC to create a program in which some patients undergoing joint replacement procedures are able to go home the day of the surgery.

A FRESH START

Arabella had the surgery on December 20, 2018. “She did very well despite how much damage her hip had sustained in the time since her childhood fall,” recalls Dr. Parcels. “Her hip had collapsed, and her left leg was shorter than the other (the muscles and ligaments had become stiff).”

After the surgery, Arabella noticed her hip pain was gone. She was discharged from the hospital soon after the surgery, and a visiting nurse came to her home for physical therapy. “The biggest challenge was my frustration,” she says. “I thought I wasn’t advancing as fast as I wanted to.” Since her legs were finally the same length, she had to learn how to walk again.

About three months later, Arabella asked Dr. Parcels if it was okay to take a long-awaited trip to Iceland with her boyfriend. “I was starting to feel more confident and energetic,” she says. Dr. Parcels gave her the all-clear. In Iceland, she and her boyfriend climbed mountains and walked along beaches and waterfalls. “I did all of this without feeling any pain or soreness. It was the best feeling ever.”

Arabella got engaged on that trip, and she got married in August 2020. She can now play with her dog, drive to work without any pain and participate in a soccer league. “A lot of doors have opened up for me,” she says. “I wouldn’t be where I am today if I hadn’t had hip replacement surgery.”

For more information about joint replacement surgery at Monmouth Medical Center or to make an appointment with a joint replacement surgeon, call **888.724.7123**.



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